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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEET TRANSMITTAL For FY 2009		Application Number	10/715,363-Conf. #3773
		Filing Date	November 19, 2003
		First Named Inventor	Toshihiro KOYAMA
		Examiner Name	M. Ruthkosky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1795
TOTAL AMOUNT OF PAYMENT		(\$)	130.00
		Attorney Docket No.	
		0020-5200P	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ \$2 _____ 26							
Each independent claim over 3 (including Reissues) _____ 220 _____ 110							
Multiple dependent claims _____ 390 _____ 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
<u>20</u> <u>- 24 =</u> <u>x</u> <u>=</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
<u>4</u> <u>- 4 =</u> <u>x</u> <u>=</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
<u> </u> <u>- 100 =</u> <u>/50 =</u> <u>(round up to a whole number)</u> <u>x</u> <u>=</u> <u>Fees Paid (\$)</u>							
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1251 Extension for response within first month _____ 130.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	32,881	Telephone (703) 205-8000
Name (Print/Type)	John W. Bailey		Date November 14, 2008		